

Holderness Recreation DAY CAMP 2007 REGISTRATION FORM

Please circle the sessions you wish to register for Session #1 June 25 to July 6 Session #2 July 9 to July 20 Session #3 July 23 to August 3

If you wish to register for one-week of a session at the cost of \$85							
Residents and \$95 Non-residents plus a \$20							
activity fee per week, fill in below							
Week#	of Session #	Dates	/	to	/		

Reminder: The	Before and After Care: Expanded hours to accommodate working					
Camper's Name						
Mailing Address		parents. Children may be dropped off at 8AM and				
Physical Address		picked up by 4PM.				
E-Mail Address		Before Care: \$3 / per day After Care: \$1.50 / per day				
Date of Birth Age G	rade(in Fall) Sex M F					
EMERGENCY INFORMATION		Early Bird Discount!!! From 2/1/07 – 3/30/07,				
Parent's Name		10% off program fee				
Work/Day Phone Home	Phone	(does not include activity fee)				
Physician Pho	ne	Recruit a friend and get a hat!!!				
Emergency Contact	Phone					
Medical Insurance	Policy#	Mail completed forms				
Medication		and payment to: Holderness Recreation				
Allergies		P.O. Box 203, Holderness, NH 03245				
Any other information that will help our staff meet your	child's needs:					
2007 Fee Schedule						
Per two-week session: Before May 1st Residents \$150 add \$10 to the program fee. A non-refundable deposit of that the activity fee will cover all the weekly fieldtrig make checks payable to Holderness Recreation. It is best to send them in each weekly field trigonially take pictures of campers in activities. Some pictures this form you agree that we may use photo's of you or your child in owith extreme discipline problems from Day Camp.	of \$75 per session is required to hold your of p costs that were previously collected on the First come, first serve. Please sign up when rely to reserve your spot for a summer of FUN smaybe used by Holderness Recreation for advertiseme	child's space. Please note day of the fieldtrip. Please you receive these forms.				
RELEASE OF ALL CLAIMS In consideration of the permission granted for the above named participant to take part in the above named Holderness Recreation program, I hereby release						
for myself and my heirs, Holderness School, the Town of Holderness claims that may result in personal injuries and property damages.	, its agents, employees, volunteers, and other program	participants, from all actions, damages, and				
I recognize there may be inherent dangers in participatin furthermore, I represent that to the best of my knowledge the participation in said program.						
I understand that, in case of injury or illness, Holderness event of a medical emergency, I consent to the participant's treatn						
transportation to the medical facility. I, the undersigned, have read this release and understand knowledge of its significance.						
Signature Parent / Guardian	Date					
Print Name						